

AO 440 (Rev. 12/09) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

Northern District of Ohio

PROCOM SUPPLY, LLC

Plaintiff

v.

MECHEL LANGNER, et al.,

Defendant

1:13 CV 2665
Civil Action No.

JUDGE GWIN

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* The First National Group LLC, 17 Warren Road, Suite 10A, Pikesville, MD 21208

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: Richard G. Convertino, Convertino & Associates, 424 N. Main St., Plymouth, MI 48170 and Anthony L. Leffert, Robinson Waters & O'Dorisio, P.C. 1099 18th St., Ste. 2600, Denver, CO 80202

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

DEBRA A. DUNN, CLERK
CLERK OF COURT

Date:

12/3/13

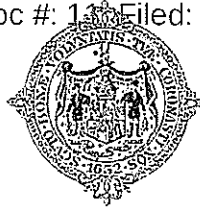
Ben Chandler

Signature of Clerk or Deputy Clerk

PLAINTIFF NAME : PROCOM SUPPLY, LLC
DATE FORWARDED : 01/14/2014
CASE NUMBER : 1:13-CV-2665
DEFENDANT(S) 1. THE FIRST NATIONAL GROUP, LLC
17 WARREN RD.
STE.10-A
PIKESVILLE MD 21208

State of Maryland
**Department of
Assessments and Taxation**

Charter Division



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Martin O'Malley
Governor

Robert E. Young
Director

Paul B. Anderson
Administrator

Date: 01/10/2014

ROBINSON WATERS & O'DORISIO, P.C.
PROCOM SUPPLY, LLC
1099 18TH STREET, SUITE 2600
DENVER CO 80202

THIS LETTER IS TO CONFIRM ACCEPTANCE OF THE FOLLOWING FILING:

PLAINTIFF NAME : PROCOM SUPPLY, LLC
TYPE OF REQUEST : SERVICE OF PROCESS
DATE RECEIVED : 12/26/2013
TIME RECEIVED : 12:38 P.M.
RECORDING FEE : \$50.00
SOP NUMBER : 00024612
CUSTOMER ID. : 0003027204
WORK ORDER NUMBER : 0004243784

PLEASE VERIFY THE INFORMATION CONTAINED IN THIS LETTER. NOTIFY THIS DEPARTMENT
IN WRITING IF ANY INFORMATION IS INCORRECT. INCLUDE THE CUSTOMER ID AND THE WORK
ORDER NUMBER ON ANY INQUIRIES.

Charter Division
Baltimore Metro Area (410) 767-1350
Outside Metro Area (888) 246-5941

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|--|
| <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. | <p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> |
| <p>1. Article Addressed to:</p> <p>Maryland Dept. of Assessments & Taxation Attn: Service of Process 301 W. Preston Street Baltimore, MD 21201-2395</p> | <p>B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery DEC 28 2015</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> |
| <p>2. Article Number (Transfer from service label)</p> | <p>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |
| <p>7011 3500 0001 2343 7876</p> | |

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540